PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

on 409-072

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			[2				<u> </u>	RATE	FEE	7	RATE	FEE
FC	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	}	OR	BASIC FEE	-
ΤC	TAL CHARGE	ABLE CLAIMS	ી ^ત minus 20=		* 6			X\$ 9=		OR	X\$18=	
INE	DEPENDENT C	LAIMS	\ minus 3 =		* >			X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	ero, enter	"0" in o	column 2		TOTAL		OR	TOTAL	770	
	C	(Column 1)	MENDED - PART II (Column 2) (Column			(Column 2)		SMALL ENTITY			OTHER THAN SMALL ENTITY	
			,) (Column 3)		7	ENTITY OR			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=	
TOT										OR	TOTAL	, , , , , ,
		(Only 100 11)		(0.1	•	(0.1	Α	ADDIT. FEE		, /	ADDIT. FEE	
-		(Column 1) CLAIMS		(Colum		(Column 3)	, _					
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	OL 4144	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MC	LIPLE DEP	ENDENT	CLAIM		' [+145=		OR	+290=	
·							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												,
	`	CLAIMS		HIGHE		(00,0,1,1,1,0)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER ÚSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	*** .		=		X43=			X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		
* (1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3." ADDIT. FEEOR ADDI												
- 1	ne "Highest Num	ber Previously Paid	Leor" (Total or	Independer	nt) is the	highest number	r foun	d in the ann	ronriate hov	in coli	imo 1	